

APPLICATION DATA SHEET**Application Information**

Application Type::	National Phase
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)::	
Number of copies of CRF::	
Title::	NOVEL PHENANTHRIDINES
Attorney Docket Number::	26444U
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggest Drawing Figure::	
Total Drawing Sheets::	0
Small Entity?::	No
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed U.S. Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Dieter
Middle Name::
Family Name:: FLOCKERZI
Name Suffix::
City of Residence:: Allensbach
State or Province of Residence::
Country of Residence:: DE
Street of Mailing address:: Ackerweg 26
City of mailing address:: Allensbach
State or Province of mailing address::
Country of mailing address:: DE
Postal or Zip Code of mailing address:: 78476

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Beate
Middle Name::
Family Name:: SCHMIDT
Name Suffix::
City of Residence:: Allensbach
State or Province of Residence::
Country of Residence:: DE
Street of Mailing address:: Allensbacher Str. 5
City of mailing address:: Allensbach
State or Province of mailing address::
Country of mailing address:: DE
Postal or Zip Code of mailing address:: 78476

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Steffen
Middle Name::
Family Name:: WEINBRENNER
Name Suffix::
City of Residence:: Konstanz
State or Province of Residence::
Country of Residence:: DE
Street of Mailing address:: Luzzilonweg 4
City of mailing address:: Konstanz
State or Province of mailing address::
Country of mailing address:: DE
Postal or Zip Code of mailing address:: 78465

Correspondence Information

Correspondence Customer Number:: 034375
Name:: Gary M. Nath
Street of mailing address:: 1030 Fifteenth Street, N.W.
Sixth Floor
City of mailing address:: Washington
State or Province of mailing address:: DC
Country of mailing address:: US
Postal or Zip Code of mailing address:: 20005
Phone number:: (202) 775-8383
Fax number:: (202) 775-8396
E-Mail address:: ip@nathlaw.com

Representative Information

Representative Customer Number::	034375
---	--------

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
EP	02018530.2	17 August 2002 (17.08.2002)	Yes

Assignee Information

Assignee name:: Altana Pharma AG
Street of mailing address:: Byk-Gulden-Str. 2
City of mailing address:: Konstanz
State or Province of mailing address::
Country of mailing address:: DE
Postal or Zip Code of mailing address:: 78467